HELICOPTER OPERATING PROCEDURES - ST GEORGE HOSPITAL

1. Purpose	Outline the process required for helicopter arrival and departure to St George Hospital including staff roles and escalation processes.
2. Risk Rating	Low
3. National Standards	1 – Clinical Governance 2 – Partnering with Consumers 5 – Comprehensive Care 6 – Communicating for Safety 8 – Recognising and Responding to Acute Deterioration
4. Employees it Applies to	Incident Controller – Director Nursing & Midwifery / After Hours Nurse Manager, Aeromedical and Medical Retrieval Service (AMRS)**,** Specialty Registrars accepting or arranging transfer of patient's, Intensive Care Nursing/ Medical staff, Emergency Department Medical / Nursing staff, Security, Orderlies.

5. OVERVIEW

- Helicopter retrieval is the quickest and safest means of transporting critically ill patients over middle to long distances.
- Helicopter retrieval to St George Hospital (SGH) is for patients transported directly from pre-hospital location as well as receiving patients from inter-hospital transfer.
- On rare occasions transfer of patients from SGH to other hospitals may be required. This is most commonly a baby or child requiring care at a tertiary paediatric facility.
- This policy relates to the process of the arrival and departure of helicopters to SGH.
- Only retrieval staff and the SGH Helicopter Landing Site (HLS) Orderly and Security personnel are permitted on the helipad.

Clinical staff are not allowed onto the helipad due to safety risks. If clinical staff are required to meet the retrieval team due to patient acuity, the SGH clinical staff must be escorted by security as only security, orderly and Trauma consultants have swipe access, and must wait in the helipad lift lobby.

DEFINITIONS

SGH Helipad

SGH Helipad is located on the roof of the Acute Services Building in Gray Street. The Helipad is secured by locked doors. The keys to these doors are with SGH Security and authorised individuals only.

Aeromedical and Medical Retrieval Service (AMRS)

A unit of the NSW Ambulance Service providing clinical support and advice, transport and escort services for critically ill patients requiring medical retrieval. AMRS is located within the Ambulance Operations Centre contactable via 1800 650 004.

Estimated Time of Arrival (ETA)

Estimated time of arrival of helicopter is to be stated in actual time. ie. ETA 1600hrs, not ETA 15 mins.

5.1 PROCEDURE TO ACCEPT A PATIENT TRANSFER BY HELICOPTER

5.1.1 Pre-hospital

- Pre-hospital transfer is transport via helicopter direct from the pre-hospital location.
- *No pre-hospital (primary response) helicopter is refused.*

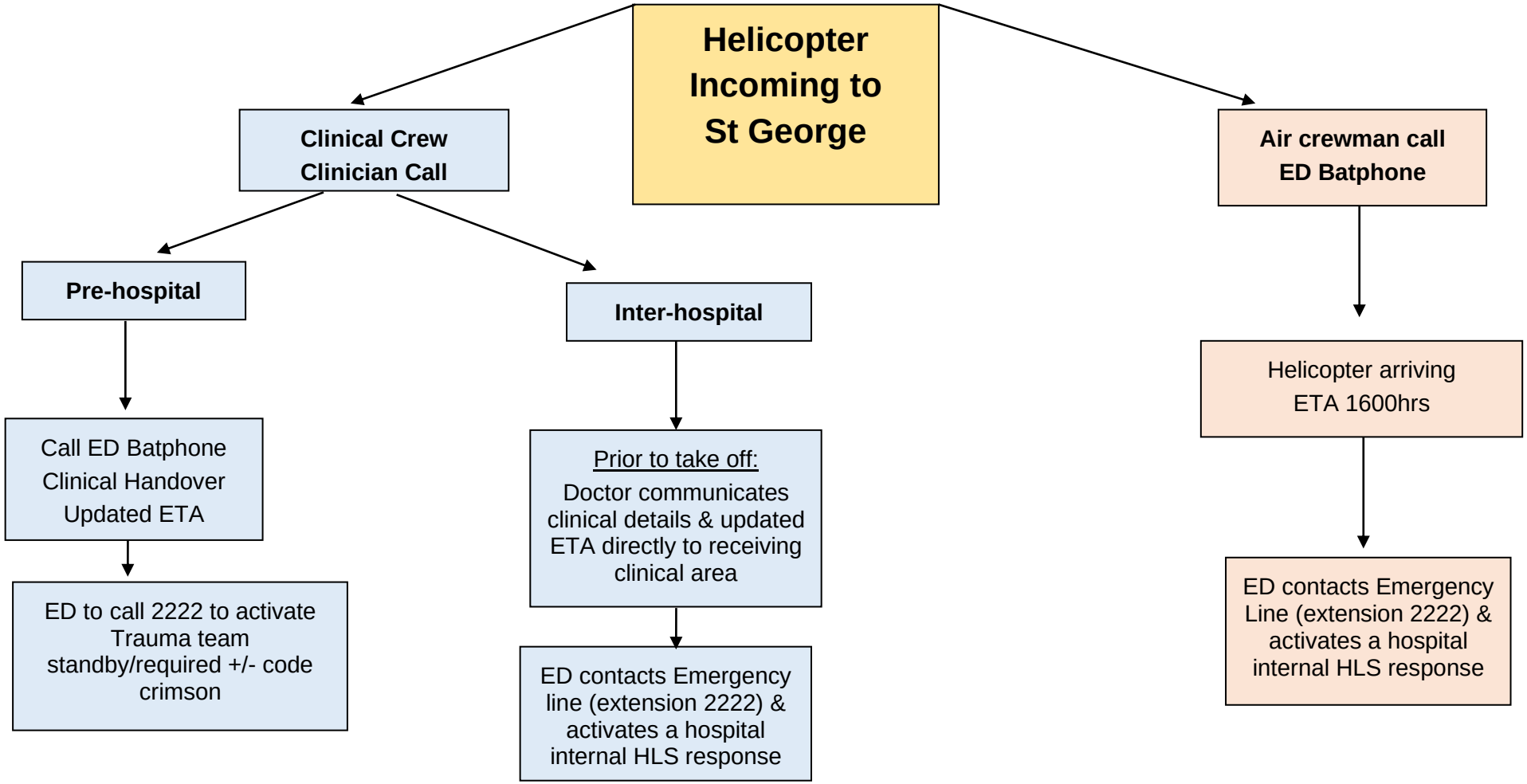
Two forms of pre-hospital notification may be received:

1. **Air Crew**
   - The helicopter air crewman will call the Emergency Department (ED) using the hospital's Helicopter (Inbound) notification number. The air crewman will notify the ETA i.e. 1600hrs and patient destination.
   - ED will advise the hospital emergency line on extension 2222 to trigger the hospital internal Helicopter Landing Site (HLS) response and will notify the clinical area of incoming patient.
   - ED to activate relevant notification pathways (ie Trauma team standby, trauma team activation +/- code crimson) and relevant specialities via 2222
   - The Aeromedical Crew will notify the Aeromedical Control Centre (ACC)
   - The ACC notifies all NSW Ambulance (NSWA) Aeromedical Managers
2. **Clinical Crew / Clinician Call**
   - The Clinical Crew will provide an IMIST handover of the clinical details and an updated ETA directly to the receiving clinical area.

5.1.2 Inter-hospital Intensive Care Unit (ICU) and Emergency Department (ED)

1. Referring hospital contacts the AMRS or receiving Intensive Care Unit (ICU) Registrar/ Trauma Hotline to arrange acceptance of patient
2. ICU Registrar confirms bed availability. Note: all ICU admissions are confirmed by the ICU Registrar or Consultant. NOT another speciality team
3. AMRS is notified of transfer and dispatches appropriate retrieval team.
4. Information required:
   - Patient's name
   - Patient's weight: It is important to be accurate with patient weight as this may affect the choice of vehicle. If patient weight approaches maximum permitted weight for a particular transport vehicle type then more detailed measurement charts will be supplied to the referring hospital by AMRS.
   - Referring hospital, ward and doctor
   - Accepting hospital
   - Accepting doctor and contact number
   - Multi resistant organism (MRO) status
5. Advice on clinical aspects of retrieval is provided to the referring hospital by the ICU Registrar / Consultant and Retrieval Doctor. Logistic advice will primarily be offered by the AMRS including the State Retrieval Consultant
6. Based upon pre-hospital information and communication with the treating crew, the patient may be rapidly assessed in the ED and then transferred directly to CT scan, angiography or operating theatre.
7. Any change in bed status at the receiving ICU must be notified to the AMRS immediately to facilitate alternate arrangements however once a patient has been accepted and retrieval is underway, it is not possible to rescind the acceptance.

5.3 HOSPITAL RESPONSE PROCEDURES FOR INCOMING HELICOPTER



5.4 STAFF ROLES

5.4.1 ED Staff member receiving the call via the BATPHONE

1. Aircrew call via the BATPHONE

- ED staff member to complete the BATPHONE sheet
- Document MIST and ETA
- ED contacts Emergency Line (Extension 2222) to activate a hospital internal HLS response
- ED to call 2222 to activate Trauma team standby/required +/- code crimson and notify relevant specialities
- ED staff member to notify the triage nurse and clerk, resus nurse and medical officer in charge

2. Clinical Crew / Clinician Call via the BATPHONE

- ED staff member to complete the IMIST on the BATPHONE sheet, from the clinical handover
- Document updated ETA
- Notify the Nurse in Charge and relevant specialities of helicopter arriving
- Activate trauma standby or trauma required via Emergency Line (Extension 2222)
- ED staff member to notify the triage nurse and clerk, resus nurse and medical officer in charge

5.4.2 Switchboard

1. Receive notification noting
   - ETA
   - Medical response required
2. Always notify security with ETA
3. Send messages
   - Group page (ICU arrival): '**Helicopter ETA 1600hrs- ICU only**' or
   - '**Helicopter ETA 1600hrs- trauma team required ICU**'
   - Group page (ED arrival): '**Helicopter ETA 1600hrs- ED only**'
   - Group page (Interhospital ward/ crew only) - '**Helicopter arriving at 1600hrs- security only'**
4. If notified by ED trauma call activated as requested:

   '**Trauma team standby ED**' or '**Trauma team required ED +/- code crimson**'

5.4.3 Security

1. Receives notification from switchboard
2. Upon notification
   - Lights on (helipad, windsock, floodlight)
   - Clear pad (persons, objects, lock doors)
3. During landing
   - Remain within helipad covered area
   - Fire safety
   - Keep pad clear
   - Ensure no one approaches aircraft until rotors are completely stopped and directed to do so by crew

- Ensure personnel and the bed have no loose objects or anything projecting into the air (e.g. hats, blankets, sheets, IV poles, etc)

4. Whilst on the ground
   - Allow HLS Orderly onto the helipad once rotors are completely stopped and directed by the crew
   - Ensure all others remain within the covered area
   - DO NOT assist with unloading
   - Maintain helicopter security
   - Maintain helipad security- helipad has no guard rail
   - No one, except helicopter crew should remain on the pad without Security present
5. Before take off
   - Ensure pad is clear
   - Fire safety

5.4.4 Helicopter Landing Site (HLS) Orderly

- The HLS Orderly responds to hospital internal HLS activation for incoming (and outgoing) patient activity.
- The HLS Orderly attends the helipad and escorts the retrieval team and patient to the appropriate department.

Duties:

1. The HLS Orderly will prepare the patient trolley for helicopter arrival/departures.
2. The HLS Orderly will act as the trolley engine but will not provide any form of patient clinical care.
3. HLS Orderly will be trained and assessed as competent by the HLO (Helipad Landing Officer) for HLS duties.
4. HLS Orderly may be trained in HLS fire-fighting functions.
5. Specific HLS inspection and HLS activities are displayed in the Lift Lobby.
6. The orderly is also required to complete the arrival/departure checklist and escalate issues as they arise to the HLO/Deputy HLO.

5.4.5 ED Registrar / Staff Specialist in charge

1. Receives notification of incoming prehospital patients. Clinical information likely to be minimal.
2. There are to be no attempts to refuse a helicopter with a prehospital patient on board
3. Any specific urgent clinical requirements will be communicated by a member of the helicopter crew
4. On notification of a pre-hospital arrival or inter-hospital trauma transfer it is the responsibility of ED to activate the appropriate trauma page per SGH CLIN 372 *Trauma Triage Activation Criteria - St George Hospital*
5. Based on pre-hospital notification in consultation with surgical registrar decision can be made regarding direct transfer to CT or operating theatres if appropriate
6. Prepare ED Resuscitation room and trauma team, per SGH CLIN222 *Trauma Team Roles and Responsibilities, St George Hospital*
7. Remains in the ED resuscitation room to receive the patient. No assistance is required in the transfer from helipad to ED. Once the patient is unloaded, the transfer time to ED is 3-4 minutes.

8. A verbal handover should be received from the retrieval Doctor with the entire team standing back and listening either prior to transfer to the ED bed, or, once connected to ED bed monitoring – dependent on patient condition and Team Leader / retrieval decision
9. Patient assessment and treatment continues along established guidelines.

5.4.6 ED Resuscitation Nurse

1. Is the nurse team leader and scribe
2. Confirms with medical team leader that trauma team standby/ required has been activated (if notification via batphone)
3. Allocates resus roles tailored to staff/pre-hospital info, prepares ED Resuscitation room and trauma team, as per SGH CLIN222 *Trauma Team Roles and Responsibilities, St George Hospital*
4. Ensures that self and other trauma team members are wearing appropriate PPE
5. Ensure airway roles have the lead gown insitu and airway/droplet PPE
6. Ensure all staff have labels clearly identifying roles
7. Makes sure pre-hospital documentation is available in resuscitation room
8. Requests blood products on standby (if indicated)
9. A verbal handover should be received from the retrieval doctor with the entire team standing back and listening
10. Patient assessment and treatment continues along established guidelines.

5.4.7 ICU Registrar

1. Notifies ICU consultant / senior registrar on duty when notification received of intended arrival of inter-hospital ICU transfer
2. Receives notification from the switchboard of ETA
3. Must be present for handover from the helicopter crew

5.4.8 ICU staff receiving inter-hospital transfers

1. The HLS Orderly attends the helipad and escorts the retrieval team and patient to the ICU.
2. Handover and patient assessment should wait until the patient is in the ICU ward bed and all monitoring / therapies have been transferred. A verbal handover should be received from the retrieval doctor with the entire team standing back and listening
3. Proceed with assessments and care along established guidelines NSW Health PD2011_031 *Inter-facility Transfer Process for Adults Requiring Specialist Care*

5.5 ESCALATION PROCESS

- In the event of difficulties on the helipad with landing / taking off the following escalation processes must be adhered to:

5.5.1 SGH Breakdown or other impact to helipad Escalation process:

Security:

Activate a “Code Yellow” via 2222.

Incident Controller:

Incident/Deputy Incident Controller (DMS/DDONM) in hours will notify Organisational Performance Support Manager 9382 7816 Mobile 0425 556 137 for escalation to MoH if appropriate.

1. AHNM (Incident Controller) out of hours will notify SGH executive on call who will notify SESLHD executive on call for escalation to MoH if appropriate
2. Security will communicate regularly and provide updates to the Incident/Deputy Incident Controller
3. The Incident/Deputy Incident Controller will liaise with Security until the helipad has been cleared for use.
4. Stand down will be determined by security in consultation with the Incident/Deputy Incident Controller
5. The Incident/Deputy Incident Controller is responsible to stand down code yellow via 2222.
6. Activation code incident report must be completed by security and forwarded to the Deputy Incident Controller for tabling at the SGH Emergency Management Committee:
   http://seslhnweb.lan.sesahs.nsw.gov.au/SGH/Emergency_Procedure_Manuals/documents/SGH_Emergency_Code_Activation_Template.docx

5.5.2 Aeromedical Operations Escalation Process:

- The Aeromedical Crew will notify the Aeromedical Control Centre (ACC)
- The ACC notifies all NSW Ambulance (NSWA) Aeromedical Managers

5.6 STAFF TRAINING

- SGH security and orderly staff must receive orientation to the helipad processes. This is part of their departmental orientation when they commence employment.

Clinical staff are not allowed onto the helipad due to safety risks. If clinical staff are required to meet the retrieval team due to patient acuity, the SGH clinical staff must be escorted by security as only security, orderly and Trauma consultants have swipe access, and must wait in the helipad lift lobby.

5.7 RELEVANT PHONE NUMBERS

Switchboard	2222 for all helicopter notifications (9 for normal use)
ED batphone	9588 6087 (Note: no internal extension available)
Aeromedical and Medical Retrieval Service (AMRS)	1800 650 004
Security Helipad	31000 or via switchboard
Helipad	via switchboard
ICU NUM1	33331
ED Nursing Team Coordinator	31665 or 31516 (mobile phone)

ED resuscitation room	31673 / 31674 / 31297
Paediatric ward	32320
Special Care Nursery	32558

6. Cross References	NSW Health PD2011_031 *Inter-facility Transfer Process for Adults Requiring Specialist Care* SGH CLIN 372 *Trauma Triage Activation Criteria - St George Hospital* SGH CLIN222 *Trauma Team Roles and Responsibilities, St George Hospital* NSW Health PD2018_011 *Critical Care Tertiary Referral Networks and Transfer of Care (ADULTS)* NSW Health PD2010_031 *Children and Adolescents - Inter-Facility Transfers*
7. Keywords	Helicopter, Medical retrieval
8. Document Location	Trauma Page, H
9. External References	Not applicable
10. Consumer Advisory Group (CAG) approval	Not applicable
11. Implementation and Evaluation Plan	**Implementation:** The document will be published on the SGH-TSH business rule webpage and distributed via the monthly SGH-TSH CGD report. **Evaluation:** Incident monitoring, Compliance monitoring by SGH ED
12. Knowledge Evaluation	Q1: Upon receiving notification from the air crewman. What information does ED provide to switch who need to be contacted and what information is required? A: Switch is to be contacted, activate a hospital internal HLS response and provided with helicopter ETA. Q2: Who is responsible for activating trauma page for any pre-hospital patients or inter-hospital trauma transfers? A: The ED medical / nursing staff are responsible for activation of trauma page based on clinical information available. Q3: Who is trained and only allowed on the helipad? *A3:* Security and orderly staff only. They must receive orientation to the helipad processes.
13. Who is Responsible	Nurse Manager Emergency Medical Director Emergency Department SGH Nurse Manger Critical Care Services

Approval for: **HELICOPTER OPERATING PROCEDURES - ST GEORGE HOSPITAL**	
Nurse Manager (SGH)	Melanie Lax, Nurse Manager Emergency Department Date: 07.10.2021
Medical Head of Department (SGH)	Dr Jacqueline Weeden, Medical Director Emergency Department Date: 06.10.2021
Executive Sponsor	Hayley Smithwick, A/Nurse Manger Critical Care Services Date: 26.10.2023
Contributors to BR	**Contribution**: Kate Jarrett, ED CNC Julie Cosgrove, A/DDON Mathew Laluja – Mason, Wardsperson Service Manager Thomas Parrish, Security Manager Scott Howard, Acting Security Manager Meaghan Curran, ED NUM Rochelle Cummins, ED CNC Kelsey Langley, Acting SESLHD Trauma CNC/PARTY Coordinator

Revision and Approval History				
Revision Date	Revision number	Reason	Coordinator/Author (Position)	Revision Due
May 2004	1		St George Hospital Trauma Committee	May 2007
Mar 2007	2		St George Hospital Trauma Committee	Mar 2010
Aug 2008	3		St George Hospital Trauma Committee	Aug 2011
Mar 2015	4		Kate Curtis (Trauma CNC)	Mar 2018
Aug 2018	5		Kate Jarrett & Lauren Neuhaus ED CNCs	Aug 2021
Oct 2021	6	Minor – STG emergency number updated, added 5.4 SGH Breakdown or other impact to helipad Escalation process, 5.5 staff training,	Sarah O'Hare (SESLHD Trauma & P.A.R.T.Y. CNC)	Oct 2026
Mar 2024	7	Review	Kelsey Langley, SESLHD Trauma & P.A.R.T.Y. CNC Rochelle Cummins- ED CNC Thomas Parrish - Security manager	Mar 2029
General Manager's Ratification				
Name: Angela Karooz (SGH) Date: 08.04.2024				